Bölüm
17

FEMUR BOYUN KIRIKLARI

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GİRİŞ

Amerika'da yılda 250.000'den fazla kalça kırığı görülmekte ve femur boyun kırıkları intertrokanterik kırıklarla neredeyse aynı oranda karşımıza çıkmaktadır. Bu sayının 2050'de ikiye katlanacağı öngörülmektedir (1, 2). Genç hastalarda insidans düşük olmakla birlikte, yüksek enerjili travmalara bağlı meydana gelmektedir. Çoğunlukla yaşlı hastalarda, düşük enerjili düşmelere bağlı görülmektedir (3). Kadın cinsiyet, beyaz ırk, ileri yaş, tütün ve alkol kullanımı, geçirilmiş kırık öyküsü ve düşük östrojen seviyeleri risk faktörleri arasında gösterilmektedir (4-6).

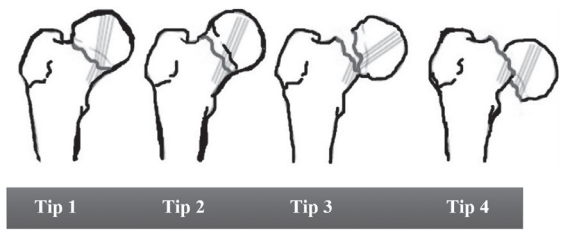
FİZİK MUAYENE VE RADYOLOJİK DEĞERLENDİRME

Deplase femur boyun kırığı olan hastalar genellikle kasık ve uyluk ağrısı, yürüyememe şikayeti ile alt ekstremitede kısalık ve dış rotasyon deformitesiyle başvurmaktadırlar. Ancak dişlenmiş (impakte) ve stres kırığı olan hastalar deformite olmadan, yürüyerek başvurabilmektedirler. Yüksek enerjili travma sonrası başvuran hastalarda ise öncelikle temel ve ileri yaşam desteği uygulanarak ikincil bir bakı ile kalça değerlendirilmelidir.

Kalça kırığından şüphelenilen bir hastanın tetkikleri arasında pelvis ön-arka ile kalça ön-arka ve yan grafiler yer almalıdır. Kurbağa grafiler dişlenmiş (impakte) veya deplasmanı olmayan bir boyun kırığını deplase hale getirme riskinden dolayı kontrendikedir Deplase olmayan femur boyun kırıklarının tespitinde ince kesit bilgisayarlı tomografi (BT) yardımcı olarak kullanılabilir (7). Bununla birlikte deplase olmayan ve gizli kırıkların (stres kırığı gibi) tanısında manyetik rezonans görüntüleme (MRG) iyi bir seçenektir (8).

SINIFLAMA

Literatürde en sık kullanılan femur boyun kırıkları sınıflaması Garden sınıflamasıdır (9). Bu sınıflama sisteminde kırıklar, kırık fragmanın deplasman derecesine göre 4 gruba ayrılmaktadır. Tip 1 kırık, tam olmayan veya valgus-impakte kırığı temsil ederken, Tip 2 kırıkta deplasman göstermeyen tam kırık mevcuttur. Tip 3 kırıkta kısmi deplasman görülürken, tip 4 femur boyun kırığı kırık fragmanlarının total deplasmanı ile sonuçlanan, femur başının rotasyonuna izin veren kırık tipidir (Şekil 1).



Şekil 1: Garden sınıflaması

Pratik olarak, femur boyun kırıklarını deplase olmayan (Garden 1 ve 2) ve deplase olan (Garden

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